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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/516,833
	Filing Date	December 2, 2004
	First Named Inventor	David Lieberman
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	SCIOPT 3.3-011

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: 000530 Please change the correspondence address for the above-identified application to: The address associated with
Customer Number: 000530**OR** Firm or
Individual Name

Address			
City			
Country	State	Zip	
Telephone	Fax		

I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	David Lieberman		
Date	3/18/05	Telephone	718-622-8900

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 *Total of 2 forms are submitted.



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OR

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Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Jonathan Grierson		
Date	4/15/05	Telephone	330-947-3015

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*Total of 2 forms are submitted.